

Name of Client (Last Name, First Name, and Middle Name)		Client's Birthdate-MM/DD/YY / /	
I, (parent/guardian) _____ hereby agree that the Child and Adolescent Mental Health Division may <input type="checkbox"/> release <input type="checkbox"/> obtain information about my child specified below <input type="checkbox"/> to <input type="checkbox"/> from the following individual or organization whose legal authority has been verified by CAMHD.			
Name:		First Name	Middle Name
			Last Name
Organization:		Street Address:	
		City:	State:
			Zip:
This information includes:			
1) substance use information		<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable
		_____ parent/guardian's initials	
2) HIV/AIDS information		<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable
		_____ parent/guardian's initials	
If either of the above information is to be released or obtained, specific benefits, risks and alternatives need to be addressed.			
Purpose for Information:			
Specific information requested:			
Benefits, risks and alternatives to releasing/obtaining information:			
Date, event/condition upon which this consent expires:			
The form in which this information will be shared <input type="checkbox"/> written <input type="checkbox"/> verbal (check appropriate box)			
For the person(s) providing consent:			
<input type="checkbox"/> This consent has been made freely, voluntarily and without coercion.			
<input type="checkbox"/> I was able to ask questions and receive answers about this release.			
<input type="checkbox"/> I hereby authorize releasing/obtaining the information as specified above and further understand that:			
<ul style="list-style-type: none"> Those who receive this information cannot disclose it to others without my further consent, unless permitted by Federal or State law. I may withdraw this consent any time before the information is released. 			
Printed Name of person(s) providing consent:		Relationship to consumer	
Signature(s) of person(s) providing consent:		Date:	
		/ /	
		/ /	
Name (Printed and Signature) of staff person providing information and obtaining consent			
Printed		Title of Person:	Date:
Signature			/ /

CAMHD P&P 80.407
ATTACHMENT A
A6234-A-Form-Revised-80 407-A-Auth to Release Obtain Confid Info-rev. 12-Apr-05

A6234-A